



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor Name and Address:  TEXAS HEALTH OF FORT WORTH 3255 W. PIONEER PKWY ARLINGTON, TX 76013	MFDR Tracking #: M4-10-2308-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:  CITY OF FORT WORTH Box #: 04	Date of Injury:
	Employer Name:
	Insurance Carrier #:

### PART II: REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** states in part, "...We originally billed for this date of service on 1/08/2008, just 13 days after the discharge date. The first date of submission was via mail on 1/08/2009...Our proof of timely filing includes our system notes with the dates of submission marked for your review. Clearly the first submissions of our bill, was sent within the required 95 days from the date of service and therefore should have been processed..."

**Amount in Dispute:** \$251.02

### PART III: RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The bill was not submitted within ninety-five days from the date of services as required under DWC rule 133.20. The computer system notes are not sufficient evidence the bill as submitted within a timely manner. Our records indicate the initial submission was received on June 8, 2009 and the reconsideration request was received on October 14, 2008."

### PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
12/28/2008	72072 99282-25	N/A	\$251.02	\$0.00
			<b>Total Due:</b>	<b>\$0.00</b>

### PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
- The services in dispute were reduced/denied by the respondent with the following reason codes:  
Explanation of benefits dated 06/26/09 & 10/29/09
  - 29E– The time limit for filing has expired \*Claim is to be submitted no later than the 95<sup>th</sup> day after the date on which the health care services are provided.\*

#### Issues >

- Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Tex. Admin. Code §133.20?

2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and §102.4?
3. Is the requestor entitled to reimbursement?

### **1. Findings**

1. 28 Tex. Admin. Code §133.20(b) states in pertinent part "Except as provided in Labor Code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that §408.0272 applies to the service in dispute, for that reason, the health care provider and requestor in this dispute were required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Tex. Admin. Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

Review of the documentation submitted finds a screen print of the requestors billing history which notes "01/09/09 Billed CCS Holding", two copies of the medical bill one of which is stamped "Request for Reconsideration", both with creation date of 01/08/09 in box 23, and two EOB's dated 06/26/09 and 10/29/09. Although the requestors billing history notes that Requestor billed carrier on 01/09/09, no documentation was found to sufficiently support, pursuant to §102.4(h), that the medical bill was sent on January 9, 2009.

2. In accordance with Tex. Lab. Code Ann. §408.027, the health care provider and requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute.

### **Conclusion**

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

### **PART VI: ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
Date

### **PART VII: YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**